U.S. Department of Labor Office of Labor-Management : Standards (45): Washington, DC 20210

## FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Mänagement
and Budget
No. 1215-0188
Expires 11-30-2006

the many

This report is illuminating under P.L. 85-257; as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C.439 or 440.

For Car Da Live Sony		
ALG-8205 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
E Was DROW		
1. File Number U - 5269	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 2 / 3 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name PATRICK DIKILKENNY	Name PLASTEREIC LOCAL 8	
	Labor Organization File Number 0/3-458	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, If any	
Street 3416 Amity RD	Street 2535 ORTHODOX 37	
Chy PHILA	Ch PAILA	
State PA ZIP Code + 4 19154	State	
5. Position in labor organization. TRUSTEE		
The second secon		
Enter appropriate data below if, during, it: pr. 159 year year, you in your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, If any:		
P.O. Box, Bidg., Room No., If any	7.b. Amount.	
Street Control of the		
City		
State ZIP Code +4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Patrick of Kelkery on 8/1/05 215 376 5760		
7	Date Telaphone Number	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or lessing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PLASTERORY CEMENT MASONS PENSION PLAN	<b>C</b>	
Trade Name, If any: Clo BENEFIT PROCESS INC	a. Labor Organization	
P.O. Box, Skig., Room No., # any	b. Trust  c. Employer	
Street 20 BRACE RO		
CHERRY HILL		
State N. J. ZIP Code +4 08034		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., If any		
Street	11.b. Approximate dollar value of such dealing.	
Cay Cay	12.a. Nature of interest held or income received.	
State ZIP Code +4	2/9/2004 73 5/13/2004 76 6/30/2004 76 9/9/2004 76 11/9/2009 76	
	12.b. Amount. 3.7.2	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Neme		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if arry		
Street		
City		
State ZIP Code + 4		
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PLASTERERS TECHENT MASON ANNUITY PLAN		
Trade Name, If any: C. B. BENEFIT PROCESS INC	a. Labor Organization	
P.O. Box, Bidg., Room No., If any	b. Truet	
Street 20 BRACE 37	c. Employer	
CHERRY HILL		
State N. J. ZIP Code +4 08034		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, If any:		
P.O. Box, Skig., Room No., If any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	2/9/2004 73. 5/13/2004 76 6/30/2004 76 9/9/2004 76	
	9/9/2004 76	
	11/9/2004 76	
	12.b. Amount. 37.7.	
C. Received from any employer (other than an employer covered and or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant	14.e. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if arry		
Street		
City		
State ZIP Code +4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Eusiness deals with:	
Name PLASTERERS + CEMENTMASONS WELFARE FUND	Kenings I	
Trade Name, If any:	a. Labor Organization	
P.O. Box, Bidg., Room No., Warry Clo BENEFIT PROCESSING	b. Trust	
Street 20 BRACE RD	c. Employer	
CHERRY HILL		
State N. J. ZIP Code+4 08039		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name (1997)		
Trade Name, If any:		
P.O. Box, Bidg., Room No., If any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
Starte ZIP Code +4	2/9/2004 73. 5/13/2004 76.	
	5/13/2004 76. 6/30/2004 76. 9/9/2004 76	
	9/9/2004	
	11/9/2009 76	
	12.b. Amount. 3.7.7.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name Cathaga and C		
Trade Name, if any:		
P.O. Box, Bidg., Room No., If any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	